510K Summary of Substantial Equivalence

16991/32

Submitted by

Mr. Thomas E. Kruse,

President

Hoveround Corporation,

2151 Whitfield Industrial Way,

Sarasota, FL. 34243

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Contact person

Stan Cooper

Date of Submission

March 29th 1999

Name of the Device

Activa 3 Wheeled Scooter.

Usual Name

Scooter, powered, three wheeled

Classification Name

Vehicle, Motorized, 3 Wheeled, Class 11

Regulation number

890.3800

Committee

Physical Medicine

Product Code

INI

Device Claimed to be

Substantially Equivalent

"Legend" 3 wheeled scooter.

Manufacturer

Pride Healthcare

510K Number

K915659

Issue Date

01 - 21 - 92

Summary Description of Device.

K99/132

The Hoveround Activa is a motorized three wheeled scooter. It is battery operated from two rechargeable lead-acid batteries. It consists of a platform which connects the three wheels, (one at the center front, one each on the rear left and right sides), an adjustable tiller and a seat for the operator.

The device can carry a sole seated operator of maximum weight 300 LB and is driven by using hand controls located at the top of the tiller, the tiller also acting to steer the vehicle.

A battery charger is provided with each model to replenish batteries.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 20 1999

Mr. Stan Cooper Hoveround Corporation 2151 Whitfield Industrial Way Sarasota, Florida 34243

Re: K991132

Trade Name: Activa
Regulatory Class: II
Product Code: INI
Dated: July 22, 1999
Received: July 23, 1999

Dear Mr. Cooper:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your $510\,(k)$ premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known):_		K991132:	-
Device Name:	ACTIVA		_

Indications For Use: TO PROVIDE FOR THE CONSUMING PUBLIC,

A SELF-CONTAINED, COMPACT PERSONAL MOBILITY VEHICLE FOR

PERSONS WHO ARE UNABLE TO AMBULATE EITHER BECAUSE

OF MEDICAL NECESSITY OR THROUGH PERSONAL PREFERENCE

THE YET VEHICLE IS OPERABLE BOTH INDOORS AND OU

BUT PRIMARILY INTENDED FOR OUTDOOR USAGE.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

	Concurrence of CDRH, Office of Device Evaluation (ODE)
	Lacellas
Divis	sion Sign-Off) sion of General Restorative Devices (296)132

Prescription Use______ (Per 21 CFR 801 109) OR.

Over-The-Counter Use